SAFETY SURVEY CHECKLIST

[Program]
[Group]
Ames Laboratory
(Adapted from ISU Chemical Hygiene Plan)

GROUP LEADER: _____ BUILDING/ROOM: _____
INSPECTED BY: _____ DATE: _____

Note: √ in the YES column means that no defect was observed at the time of the inspection.
√ in the NO column means that action is required by the laboratory supervisor.
√ in the NA column means that the item is not applicable.
** in the NO column means that a repeat violation exists.

QUALITY ASSURANCE/TRAINING

A.	**Needs Assessment Program**	**YES**	**NO**	**NA**
1.	Hazard Inventory/Job Task Analysis form complete and current for each employee.	____	____	____
2.	Training Needs Questionnaire complete and current for each employee	____	____	____
3.	ALTRS review complete for each group member	____	____	____
4.	Standard Operating Procedures (SOPs) current?	____	____	____
5.	All manuals (Safety, Chem Hyg., etc.) present?	____	____	____

COMMENT: _____

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INDUSTRIAL SAFETY

B.	**General Safety, Machine Guarding, PPE**	**YES**	**NO**	**NA**
1.	Ladders and step stools in good repair.	____	____	____
2.	Moving parts guarded, regularly inspected, controls identified.	____	____	____
3.	Appropriate personal protective equipment available, stored clean and dry and is in good repair.	____	____	____
4.	All areas clean and uncluttered.	____	____	____
5.	Hand washing soap and towels available.	____	____	____
6.	Sink hoses from public water supply above sink unless backflow device installed.	____	____	____
6.	Lock Out Tag Out procedures and employee training current.	____	____	____

7. Heavy objects/chemicals stored below six feet (unless secured) and ladder provided). ____ ____ ____
8. Compressed air (>30 psi) used for cleaning has safety nozzle. ____ ____ ____

C. Emergency Equipment & Procedures

1. Room emergency information cards current. ____ ____ ____
2. Room fire extinguishers appropriate, mounted and unobstructed. ____ ____ ____
3. Fire separation appropriate. ____ ____ ____
4. Spill control kits available. ____ ____ ____
5. Adequate egress (36") ____ ____ ____
6. Appropriate first-aid kit available. ____ ____ ____
7. Appropriate warning signs posted (i.e., PPE, First Aid Kit, Safety Shower, Fire Extinguisher, etc.) ____ ____ ____
8. Eye wash in lab and unobstructed. ____ ____ ____
9. Safety shower within 100 feet. ____ ____ ____
10. Exit aisles unobstructed. ____ ____ ____

D. Electrical Safety

1. Electrical equipment grounded. ____ ____ ____
2. Electrical outlets grounded. ____ ____ ____
3. Electrical outlets and switches in good condition. ____ ____ ____
4. Electrical cords in safe condition. ____ ____ ____
5. Extension cords and unbreakered power taps absent. ____ ____ ____
6. Circuit breaker panels and emergency shutoffs labeled & unobstructed. ____ ____ ____
7. Ground fault circuit breakers w/i 6' of water, labeled, operating correctly. ____ ____ ____

COMMENT: _____

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INDUSTRIAL HYGIENE

E. Chemical Management	**YES**	**NO**	**NA**
1. All containers appropriately labeled.	____	____	____
2. All chemical containers are securely closed when not in use.	____	____	____
3. Incompatible chemicals stored separately and all chemicals stored by hazard category.	____	____	____
4. Chemical storage areas free of ignition sources.	____	____	____

5.	Refrigeration equipment properly labeled	____	____	____
6.	Flammable liquids in containers over 1 gallon are in safety cans.	____	____	____
7.	Flammable liquids greater than 10 gallons (combined capacity) stored in safety storage cabinets.	____	____	____
8.	Peroxide formers dated at purchase and again at opening of container.	____	____	____
9.	Peroxide formers disposed of within one year of purchase or within six months of opening.	____	____	____
10.	Catch trays used where appropriate.	____	____	____
11.	Vacuum equipment trapped or filtered.	____	____	____
12.	Chemical hoods are used properly.	____	____	____
13.	Chemical hoods tested in last year.	____	____	____
14.	Chemical inventories current and copies sent to ESH&A upon request.	____	____	____
15.	MSDS's for each hazardous chemical available during all work times.	____	____	____
16.	Respirator users (including disposable masks) fit tested and trained.	____	____	____
17.	Sink hoses from public water supply are above sink rim unless backflow device installed.	____	____	____
18.	Food, beverages not consumed in hazardous chemical areas.	____	____	____
19.	Gas cylinders secured, away from heat sources, labeled.	____	____	____
20.	Gas cylinders capped if not in use.	____	____	____
21.	Hazardous gas (fire & health rating 3 or 4) in ventilated enclosure.	____	____	____

F. Bloodborne Pathogens

1.	Infectious waste/sharps containers present.	____	____	____
2.	Needles/syringes capped.	____	____	____

COMMENT: _____

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ENVIRONMENTAL PROTECTION

G. Waste Management

1.	Chemical waste storage area designated in each laboratory.	____	____	____
2.	Multiple laboratories store waste in one designated area.	____	____	____
3.	Waste containers properly labeled (chemical name, accumulation start date, etc.)	____	____	____
4.	Chemical waste containers properly sealed except when adding waste.	____	____	____
5.	Laboratory personnel trained in hazardous waste management.	____	____	____

COMMENT: _____

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RADIOLOGICAL SAFETY

		YES	NO	NA
H.	**Radiological Materials**			
1.	Radiological materials used in laboratory?	____	____	____
2.	Users taken Rad Worker Training?	____	____	____
3.	Users utilizing dosimetry?	____	____	____
I.	**Lasers**			
4.	Lasers used in laboratory?	____	____	____
5.	Users taken Laser Safety Training?	____	____	____
6.	Users taken Basic Electrical Training?	____	____	____
J.	**X-rays**			
7.	X-ray units used in laboratory?	____	____	____
8.	Users taken X-ray Training?	____	____	____
9.	Users taken Basic Electrical Training?	____	____	____

COMMENT: _____

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ADDITIONAL COMMENTS: _____

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Signature: Date: